

TRANSMITTAL FORM

Application No. 09/729,811

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

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FACSIMILE COVER SHEET

Deliver to: Jason J. Chung, USPTO Art Group: 2611
 Facsimile No.: 703-872-9306 Date: September 24, 2004
 From: William W. Schaal, Reg. No. 39,018
 Our Docket No.: 80398P311 Number of pages 6 including this sheet.
 Application No.: 09/729,811 Filing Date: 12/4/2000
 Docket Due Date(s): 9/24/2004

Enclosed are the following documents:

- | | |
|---|---|
| <input type="checkbox"/> Amendment: _____ (____ pgs) | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Appeal Brief (in triplicate) (____ pgs) | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Application: _____ | <input type="checkbox"/> Petition for: _____ |
| (____ pgs) w/cover & abstract) | <input type="checkbox"/> Request for Continued Examination (RCE) |
| <input type="checkbox"/> Assignment & Cover Sheet (____ pgs) | <input type="checkbox"/> Reply Brief (____ pgs) |
| <input checked="" type="checkbox"/> Certificate of Facsimile _____ | <input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i) |
| <input type="checkbox"/> Continued Prosecution Application (CPA) | <input type="checkbox"/> Request to Rescind Previous Nonpublication Request |
| <input type="checkbox"/> Declaration & POA (____ pgs) | <input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter |
| <input type="checkbox"/> Drawings: ____ sheets, ____ figures | <input type="checkbox"/> Response to Written Opinion (____ pgs) |
| <input checked="" type="checkbox"/> Extension of Time: <u>one (1) month</u> | <input type="checkbox"/> Terminal Disclaimer |
| <input checked="" type="checkbox"/> Fee Transmittal (in duplicate) | <input type="checkbox"/> Transmittal of Publication Fee Due |
| <input type="checkbox"/> IDS & PTO/SB/08 (____ pgs) | <input checked="" type="checkbox"/> Transmittal Letter |
| <input checked="" type="checkbox"/> Other <u>Notice of Appeal</u> | |

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.84)

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.

Nicole Erquaga 09/24/2004
 Nicole Erquaga Date

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FEE TRANSMITTAL for FY 2004		<i>Effective 10/01/2004. Patent fees are subject to annual revision.</i>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Complete if Known	
		Application Number	09/729,811
		Filing Date	December 4, 2000
		First Named Inventor	Brant Candelore
		Examiner Name	Jason J. Chung
TOTAL AMOUNT OF PAYMENT (\$)		440.00	
		Art Unit	2611
		Attorney Docket No.	80398P311

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account	FEE CALCULATION (continued) 3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>2053</td> <td>130</td> <td>2053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920 *</td> <td>1804</td> <td>920 *</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840 *</td> <td>1805</td> <td>1,840 *</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td>110.00</td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>650</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1404</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td>330.00</td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>2451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - 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2. EXTRA CLAIM FEES																																									
<p>Total Claims: 32 - 36* = 0 X 18.00 = \$0.00</p> <p>Independent Claims: 4 - 4* = 0 X 86.00 = \$0.00</p> <p>Multiple Dependent: _____ = _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>88</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>260</td> <td>2203</td> <td>145</td> <td>Multiple Dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> </tbody> </table>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	88	2201	43	Independent claims in excess of 3		1203	260	2203	145	Multiple Dependent claim, if not paid		1204	86	2204	43	**Reissue independent claims over original patent		1205	18	2205	9	**Reissue claims in excess of 20 and over original patent		<p style="text-align: right;">SUBTOTAL (2) (\$)</p>
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*For number previously paid, if greater, For Reissues, see below

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	09/24/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 02/10/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460

FEE TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 440.00

Complete if Known

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First Named Inventor	Brant Candelore
Examiner Name	Jason J. Chung
Art Unit	2611
Attorney Docket No.	80398P311

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account

 Deposit Account Number: 02-2666
 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments
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FEE CALCULATION

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1005	180	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$)	

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
32	3d*	0	\$0.00
4	4*	0	\$0.00

Multiple Dependent

Large Entity		Small Entity		Fee Description	Fee Paid
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FEE CALCULATION (continued)

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Other fee (specify)					
SUBTOTAL (3)				(\$)	440.00

* Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type) William W. Schaal

Signature

Registration No. (Attorney/Agent)

39,018

Complete (if applicable)

Telephone

(714) 557-3800

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09/24/04

 Based on PTO/S9/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 02/10/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450